



PATENT
Docket No. 00403.CN1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Benson et al.

Group Art Unit: 1631

Serial No.: 10/028,224

Examiner: Carolyn L. Smith

Confirmation No.: 4497

Filed: December 21, 2001

For: CRYSTALLIZATION AND STRUCTURE DETERMINATION OF
GLYCOSYLATED HUMAN BETA SECRETASE, AN ENZYME
IMPLICATED IN ALZHEIMER'S DISEASE

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SUBMISSION OF DRAWINGS UNDER 37 C.F.R. §1.85


Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir/Madam:

Attached please find 6 sheet(s) of Drawings for the above-identified patent application. Please contact the undersigned attorney if you have any questions.

CERTIFICATE UNDER 37 C.F.R. 1.10:

The undersigned hereby certifies that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated below and is addressed to the Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



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Date of Deposit: JUNE 11, 2003

Respectfully submitted for

Benson et al.

By

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Date



06-12-03

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Assistant Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

We are transmitting the following documents along with this Transmittal Sheet (which is submitted in triplicate):

- ☒ An itemized return postcard.
☐ A Petition for Extension of Time for __ month(s) and a check in the amount of \$__ for the required fee.
☐ An Information Disclosure Statement (__ pgs); copies of __ applications; 1449 forms (__ pgs); and copies of __ documents cited on the 1449 forms.
☒ Other: Response to Restriction Requirement (3 pgs); Preliminary Amendment (9 pgs, including Appendix A (3 pgs)); Submission of Drawings under 37 C.F.R. §1.85 (1 pg); and drawings (6 sheets/7 figures).
☐ Amendment __ No Additional fee is required. __ The fee has been calculated as shown:

Fee Calculation for Claims Pending After Amendment					
	Pending Claims after Amendment (1)	Claims Paid for Earlier (2)	Number of Additional Claims (1-2)	Cost per Additional Claim	Additional Fees Required
Total Claims				x \$18 =	
Independent Claims				x \$84 =	
One or More New Multiple Dependent Claims Presented? If Yes, Add \$280 Here →					
Total Additional Claim Fees Required					

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers and please charge any additional fees or credit overpayment to Deposit Account No. 13-4895. Triplicate copies of this sheet are enclosed.

MUETING, RAASCH & GEBHARDT, P.A.

Customer Number: 26813



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By:

Name: SAM HER

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